

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/980526 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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42						
43						
44						
45						
46			1			
47				1		
48					1	
49						1
50						
TOTAL IND.			1		1	
TOTAL DEP.				1		1
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51					1			
52					1			
53					1			
54					1			
55					1			
56					1			
57					1			
58					1			
59					1			
60					1			
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89					1			
90					1			
91					1			
92					1			
93					1			
94					1			
95					1			
96					1			
97					1			
98					1			
99					1			
100					1			
TOTAL IND.					6			
TOTAL DEP.					12			
TOTAL CLAIMS					18			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831